

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90219 029 ***150.00

0206473

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # S98502

1. Corporation Name
INTERNATIONAL FAST FOOD CORPORATION



| | |
|--|--|
| Principal Place of Business 1000 LINCOLN ROAD MIAMI BEACH FL 33139 | Mailing Address 1000 LINCOLN ROAD MIAMI BEACH FL 33139 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------------|---------------------------|---|--------------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 12/06/1991 | 4. FEI Number 65-0302338 | Applied For Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent RUBINSON, MITCHELL 1000 LINCOLN ROAD MIAMI BEACH FL 33139 | 10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code |
|--|---|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE CEO | <input type="checkbox"/> DELETE | 1.1 TITLE COB & CEO | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RUBINSON, MITCHELL | | 1.2 NAME | |
| STREET ADDRESS 1000 LINCOLN ROAD | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI BEACH FL 33139 | | 1.4 CITY-ST-ZIP | |
| TITLE COB | <input type="checkbox"/> DELETE | 2.1 TITLE P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME RUBINSON, MITCHELL | | 2.2 NAME MICHAEL WELCH | |
| STREET ADDRESS 1000 LINCOLN ROAD | | 2.3 STREET ADDRESS 1000 LINCOLN ROAD | |
| CITY-ST-ZIP MIAMI BEACH FL | | 2.4 CITY-ST-ZIP MIAMI BEACH, FL | |
| TITLE CFOV | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARTIN, JAMES F | | 3.2 NAME | |
| STREET ADDRESS 1000 LINCOLN ROAD SUITE 200 | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI BEACH FL | | 3.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SCHATZ, LAWRENCE | | 4.2 NAME | |
| STREET ADDRESS 1000 LINCOLN RD | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI BEACH FL 33139 | | 4.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME RABINOWITZ, MARK | | 5.2 NAME | |
| STREET ADDRESS 1000 LINCOLN ROAD SUITE 200 | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI BEACH FL | | 5.4 CITY-ST-ZIP | |
| TITLE AS | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FRIEDMAN, JILL | | 6.2 NAME | |
| STREET ADDRESS 1000 LINCOLN ROAD SUITE 200 | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI BEACH FL | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4/16/99 (305) 531-580